



STATE OF TENNESSEE GROUP INSURANCE PROGRAM
EMPLOYEE INSURANCE CHECKLIST — LOCAL EDUCATION PLAN

State of Tennessee • Department of Finance and Administration • Benefits Administration
 26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243

DO NOT submit this form to Benefits Administration. This form must be completed during an employee’s initial enrollment period. After completion, this form is to be placed in the employee’s insurance or personnel file at the time of processing. Place a check mark after each action has been completed.

EMPLOYEE INFORMATION

Name	Social Security Number	Agency
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ELIGIBILITY AND ENROLLMENT

Explain the eligibility criteria for employees and dependents.

Enrollment applications must be returned by _____
 Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage by approval through one of the special enrollment provisions. There is no guarantee of an open enrollment in future years. If a completed enrollment application is not returned by the 15th of the month prior to coverage beginning, an employee may have a double deduction on the first paycheck from which health premiums are collected.

Explain the Annual Enrollment Transfer Period, which occurs each year during the fall.

- Employees/dependents are allowed to transfer between or cancel health options.
- Employees/dependents are allowed to enroll in, transfer or cancel dental coverage.
- Employees/dependents are allowed to enroll in optional life insurance coverage.
- Effective dates for any changes will be the following January 1.

INSURANCE PRODUCTS

<p>Health Options</p> <p><input type="checkbox"/> Partnership PPO</p> <ul style="list-style-type: none"> • available statewide <p><input type="checkbox"/> Standard PPO</p> <ul style="list-style-type: none"> • available statewide 	<p>Dental Options</p> <p><input type="checkbox"/> PrePaid Plan</p> <p><input type="checkbox"/> Preferred Dental Organization (PDO)</p>
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MATERIALS TO BE PROVIDED

Provide an enrollment/change application and optional life insurance applications. Enrollment application must be signed and placed in the employee’s insurance/personnel file even if refusing coverage.

Provide a TennCare notice to make employees aware of their responsibility if they or their dependents are currently enrolled in TennCare.

Provide premium amounts for appropriate health and dental programs.

Provide a copy of the eligibility and enrollment handbook, HIPAA privacy statement brochure and applicable provider materials including a provider directory.

Explain the benefits available through the Employee Assistance Program (EAP) and provide brochures.

 Employee Signature

 Agency Benefits Coordinator Signature

 Date

 Date